

Our Reference: WA-OK#0179.90.R1

Mr. Michael Fogarty
Chief Executive Officer
Oklahoma Health Care Authority
4545 North Lincoln Boulevard – Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Fogarty:

I am pleased to inform you that your request to amend your Medicaid home and community-based services waiver (HCBSW) program No. 0179.90.R1 has been approved effective July 1, 2000. As authorized by section 1915(c) of the Social Security Act, this HCBSW program is requested in order to provide home and community-based services to individuals, who but for the provision of such services, would require the level of care in an Intermediate Care Facility for the Mentally Retarded and Persons with Related Conditions (ICF/MR). This waiver has been assigned control number 0179.90.R1.09. This control number should be used in all future correspondence regarding the waiver.

Specifically, this amendment adds a therapeutic leave payment to enable the consumer to retain direct support services during the time an individual is out of the home for a period in excess for twenty-four (24) hours because of hospitalization, vacation, or other absence.

For your convenience, we have included a copy of the approved waiver replacement pages. If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations